

Business Close, Moved, or Sold Form



City of Dunwoody
41 Perimeter Center East 250
Dunwoody, GA 30346
Phone: (678) 382-6700
Fax: (770) 396-4705

Business Information	<input type="checkbox"/> Closed <input type="checkbox"/> Moved <input type="checkbox"/> Sold		
	Buyer's Name:		Buyer's Address:
	Buyer's Phone:		
	Business Name:		DBA Name:
	Account #:		
	Dominant Business Activity:		NAICS Code:
	Address/Location:		Telephone Number:
	Bill To/Mailing Address:		
	City:	State:	Zip:
	Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Owner <input type="checkbox"/> LLC		
Applicant's Name:		Owner/Agent's Name:	
Owner/Agent's Address:			
Contact Information	City:	State/Zip:	Email:
	Please list below the actual gross receipts and number of employees in the Dunwoody office of the year in which the business has closed or been sold		
	Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.		
	Actual Dunwoody and Georgia Gross Receipts \$ _____ Actual Dunwoody Employees (at least one, includes owner/operator) # _____		

This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expires December 31 and must be renewed annually

Signature _____ Position _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public Signature _____

OFFICE USE ONLY: Class ____ Type _____ H.O.P. _____ District _____ Lot _____ Block _____ Parcel _____
Zoning: Approved by _____ Denied by _____ Date _____ Denial Reason _____
Pending Items: C.O. ____ Fire ____ Health ____ Sanitation Service ____ State License ____ Insurance ____ Police ____ Other ____
Business License Items: Primary ID# _____ Owner's ID# _____ Bill to ID# _____